

NEW YORK STATE DEPARTMENT OF HEALTH
PUBLIC GOODS POOLS

ANNUAL REPORT
PAYMENT AND RECONCILIATION SUMMARY

Report of Patient Services Payments and Surcharge Obligations and Report of Covered Lives Assessment

For the January 1 through December 31, _____ Report Year

Payor Name _____ Federal Tax ID# _____

TPA Name _____ TPA
(if applicable) Federal Tax ID# _____

1. Total **1997** Surcharge Obligations on Patient Service Payments _____
2. Total **1997** Covered Lives Liability _____
3. Total **1998** Surcharge Obligations on Patient Service Payments _____
4. Total **1998** Covered Lives Liability _____
5. Total **1999** Surcharge Obligations on Patient Service Payments _____
6. Total **1999** Covered Lives Liability _____
7. Total **2000** Surcharge Obligations on Patient Service Payments _____
8. Total **2000** Covered Lives Liability _____
9. Total **2001** Surcharge Obligations on Patient Service Payments _____
10. Total **2001** Covered Lives Liability _____
11. Total **2002** Surcharge Obligations on Patient Service Payments _____
12. Total **2002** Covered Lives Liability _____
13. Total **2003** Surcharge Obligations on Patient Service Payments _____
14. Total **2003** Covered Lives Liability _____
15. Total **2004** Surcharge Obligations on Patient Service Payments _____
16. Total **2004** Covered Lives Liability _____
17. Total Public Goods Pool Liability Payable (Sum Above Amounts)
(**may not be less than zero**) _____

A check for the amount reflected on Line 17 above should be made payable to the **“PUBLIC GOODS POOL”** and mailed along with the applicable reporting forms to:

Regular Mail to:

Mr. Jerome Alaimo, Pool Administrator
Office of Pool Administration
Excellus BlueCross BlueShield
Central New York Region
P.O. Box 4757
Syracuse, New York 13221-4757

- or -

Express or Overnight Mail to:

Mr. Jerome Alaimo, Pool Administrator
Office of Pool Administration
Excellus BlueCross BlueShield
Central New York Region
344 South Warren Street
Syracuse, New York 13202-2008

Please enter the payor's Federal Tax Identification Number on the face of the check. **IMPORTANT NOTE:** Faxed copies of the reports are not acceptable.